

Name of board providing verification


Applicant's Social Security or Virginia DMV Control Number\*    -   -    

Applicant's Street Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_

Type of Examination	NCEES Examination?		Hours	Results	Exam Date
Surveyor-in-Training	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Land Surveyor	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Board Specific	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Other:	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

Please explain any NCEES adjustments

The above-named applicant holds the following license, certificate or registration:

Type of License	X	License Number	Date Issued	Expiration Date
Surveyor-in-Training	<input type="checkbox"/>			
Land Surveyor	<input type="checkbox"/>			

The applicant qualified for licensure, certification or registration through:

Any disciplinary actions?

No ☐

Yes ☐ If yes, attach documentation of findings, sanctions, etc.

Other ☐ Explain

Title

*Apply Board Seal here.*